



# Hammersmith & Fulham Safeguarding Adults Board

## HIGH RISK PANEL

### Terms of Reference

Version control

Version control			
<b>Version</b>	V3.5	<b>Date of changes</b>	03/07/2023
<b>Lead officers</b>	Christopher Nicklin	<b>Approval date</b>	29/09/2023
<b>Person making changes</b>	Ceri Gordon, in consultation with Panel Members	<b>Approved by</b>	High-Risk Panel Members/SAB Chair
<b>Purpose/details of the change</b>	Part of scheduled review; includes review of scope and consider overlaps with other multi-agency panels.	<b>Review required by</b>	01/10/2024
Documents superseded			
HF High Risk Panel Terms of Reference v2			

*Hammersmith and Fulham High Risk Panel acknowledges the kind use of Hounslow High Risk panel in the original drafting of this document.*

## 1. Context

The High-Risk Panel has been established to support professionals in managing the most challenging and concerning cases.

The [care and support statutory guidance](#) (issued under the [Care Act 2014](#)) states that safeguarding duties apply to those unable *to protect themselves from either the risk of, or the experience of neglect and abuse*<sup>1</sup> and, in that context that the Safeguarding Adults Board will have positive means of addressing issues of self-neglect<sup>2</sup>. The guidance acknowledges that self-neglect is challenging and needs to be addressed amongst professionals and the community more generally.

This function is encompassed in the council's duty to promote the wellbeing<sup>3</sup> of the residents of the London Borough of Hammersmith & Fulham where their needs do not meet the criteria for adult safeguarding<sup>4</sup>. Partner agencies remain responsible for delivering services to the people with whom they are in contact. The panel will support agencies in their work to lower and mitigate risk where it is felt that internal mechanisms for managing the risk have been exhausted and or where formal consultation with colleagues from other agencies would enhance their response. Cases which are presented to the High-Risk Panel must have been considered within partner agency risk assessment processes and via a multi-agency approach prior to referral being made.

The High-Risk Panel is not a replacement for expected adult safeguarding practices under Section 42 of the Care Act; where someone is experiencing or at risk of abuse or neglect, has care and support needs, and is unable to protect themselves due to those care and support needs, a safeguarding concern must be raised, and cases managed under the safeguarding framework as appropriate. There may be occasions where a case being managed under the safeguarding framework requires escalation to the high-risk panel. For more details on the scope of the panel, please see section four.

## 2. Referrals and information governance

Referrals can be made to the High-Risk Panel where all other avenues have been explored and there continues to be a significant concern about the well-being and safety of the adult. It is important that other approaches and frameworks have been considered prior to referral. This includes ensuring that a multi-agency approach has been explored via multi-disciplinary meetings and shared action planning.

Referrals to the high-risk panel must be made using the form within appendix 1 and should include the most recent assessment and risk management plan completed by the agency.

Referrals should normally be made with the resident's consent unless:

1. They lack capacity to make the relevant decision(s) and it is thought to be in their best interests<sup>5</sup>

---

1 Care & Support Statutory Guidance Paragraph 14.2

2 Care & Support Statutory Guidance Paragraph 14.112

3 The "wellbeing principle" paragraphs 1.1 -1.6 chapter 1 Care and Support Statutory Guidance, Department of Health October 2014

4 Section 42, Care Act 2014

5 Mental Capacity Act 2005 Code of Practice

2. There is a vital or public interest<sup>6</sup>, which makes it necessary to seek a multiagency response.

Referrals must be submitted at least six working days prior to each panel by email to [ceri.gordon@lbhf.gov.uk](mailto:ceri.gordon@lbhf.gov.uk). The panel chair will have the final say on which cases will be heard at each panel, including any urgent cases which may have come to light outside of the above process. Referrals must be sent either from a secure e-mail account ending in gov.uk, NHS.net or met.pnn.police.uk, or using an appropriate encryption service.

Agenda, papers and identifiable information will be sent to panel representatives five working days prior to the panel. Information supplied to the panel will be managed by the London Borough of Hammersmith & Fulham and be subject to the borough's data governance and information sharing procedures.

Records of the meeting will be kept by Hammersmith & Fulham Adult Social Care and actions in individual cases will be saved in the Adult Social Care information system (Mosaic). It is however important to remember that ASC will not always be the lead agency, and so it is important that the referrer also record relevant documentation on internal record systems, including actions from the meeting and how these will be taken forward.

The panel is collaboratively owned by participating agencies operating in Hammersmith & Fulham. It will be administered on behalf of the participating agencies by Hammersmith & Fulham Council, Adult Social Care, and co-chaired by the Assistant Director for Adult Safeguarding (ASC), and the Borough Fire Commander.

### **3. Meeting frequency and structure**

Meetings will be held on a six-weekly basis. Meetings will be scheduled for a year in advance. In the event no referrals are received five working days in advance of the panel, the meeting will be cancelled. In exceptional circumstances additional meetings may be arranged at the discretion of the chair.

Each panel will receive a maximum of 6 cases. The time allowed for presentation and discussion of each case will depend on amount of referrals received and at the discretion of the chair during the panel.

The chair is not responsible for ensuring that identified action points are correctly followed up. It is the responsibility of the presenting practitioner/the panel representative to ensure identified actions are implemented and followed up.

### **4. Scope**

The panel will consider case presentations for situations which have already been considered within partner agencies risk assessment processes and where there remains a significant risk. Suitable cases include those of greatest concern to the agency, which are particularly complex and have reached a "sticking point" through single-agency action and interagency collaboration, which is expected as part of standard working practice. The panel will primarily focus on cases where adults are experiencing a high level of risk

---

<sup>6</sup> 2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-2019-final-1-1.pdf (londonadass.org.uk)

as a result of circumstances which create the risk of harm, but not relating to abuse or neglect by a third party<sup>7</sup>.

This could include risks within the following areas:

#### 4.1 Home fire safety:

4.1.1 Hoarding that has reached Level 5 or above in the Clutter Index<sup>8</sup> (Appendix 2), for at least one room.

4.1.2 Significant fire related risks, which, following normal procedural routes (such as Home Fire Safety Visits and/or joint working between LFB and referring agency) remain. For example:

- a. evidence of cigarette burns to clothes or bedding
- b. evidence of small burns or fires in the home
- c. unsafe storage of inappropriate flammable liquids or gases
- d. where the person's ability to identify and manage a fire risk is impaired by a lack of decision-making capacity or substance misuse
- e. where the above fire related risk is increased, due to the person's immobility, i.e., being bed-bound for a large percentage of the day.

Partners should note that the London Fire Brigade works in partnership with colleagues working with individuals at high risk of fire. Please see appendix for details on the LFB referral process.

#### 4.2. Unwillingness or inability to tend to personal care, health and living conditions.

4.2.1 Self-neglect which is having a **significant effect** on the individual's ability to manage one of the following and where previous multi-agency interventions have not worked:

- a. personal care and hygiene
- b. home environment
- c. activities of daily living such as shopping
- d. health conditions
- e. finances (including risk of rent arrears and eviction)

4.2.2 Where a person is refusing or disengaging from services or there are concerns that a person is at risk of 'falling through the gaps', and where there is need for further escalation.

This may include such cases where an individual has complex or diverse needs<sup>9</sup> which fall between a number of agency's statutory responsibilities or eligibility criteria.

---

<sup>7</sup> In these circumstances, usual safeguarding procedures must be followed, and safeguarding concern raised for consideration under Section 42.1, and thought given as to whether referral to another multi-agency forum is appropriate (e.g. Cuckooing Panel)

<sup>8</sup> International OCD Foundation, Hoarding Centre, Clutter Image Rating

<sup>9</sup> Multiple and complex needs is defined as experiencing a combination of four of the five primary disadvantages or needs at the same time: (i) Violence and abuse (ii) Poor mental health (iii) Homelessness (iv) Drug and or alcohol dependency (v) Offending behaviour.

### **4.3 Ongoing needs or behaviour which places a person at significant risk.**

The below outline examples of ongoing needs or behaviour which may place a person at significant risk. It is not an exhaustive list, and professional judgement will need to be required to determine whether a referral to the High-Risk Panel should be considered.

- 4.3.1 Where a person presents with vulnerability factors that place them at higher risk of abuse or neglect (e.g., mate crime) and the person shows unwillingness or inability to address these risks, or where circumstances do not meet Section 42 criteria.
- 4.3.2 Where a person is experiencing Multiple Exclusion Homelessness<sup>10</sup> with increased risk of abuse and neglect and where circumstances do not meet Section 42 criteria, and where there may be other vulnerabilities stemming from childhood trauma, acquired brain injuries, cognitive impairments, dementia, chronic mental and physical ill health, limited mobility, and severe addiction.
- 4.3.3 Refusal to allow statutory services to gain access to their properties, either for community support or housing and fire safety checks and repairs.

## **5. Roles and responsibilities**

The panel will consider case presentations and will support partner agencies to work together with the aim to reduce and manage risks.

An agenda will be sent to all panel members in advance of the meeting – it is expected that all panel members will check their internal systems to see if person is known to their agency so that they can advise of any current or historic involvement. The panel will discuss the cases presented to them with a view to determining next steps. The panel's role is to challenge, advise and support the 'presenting agency' as well as identifying multi-agency solutions and action plans. The panel may assist with the coordination of cases where there are multi-agency barriers.

Ownership of cases and responsibility for taking forward actions remains solely with the practitioner/panel representative from the presenting agency.

Time will be dedicated at each panel meeting to hear updates on cases previously presented i.e., whether they were resolved and, if not, request a summary of the continuing action plan. Updates will be recorded in the minutes of each meeting as well as on the Mosaic database, so that the panel can collate outcomes. It is expected that referring agencies also clearly record outcomes on internal systems. Cases may be re-referred at a later date if needed.

---

<sup>10</sup> Multiple Exclusion Homelessness is characterised as "People who have been 'homeless' (including experience of temporary/unsuitable accommodation as well as sleeping rough) and have also experienced one or more of the following additional domains of deep social exclusion – 'institutional care' (prison, local authority care, psychiatric hospitals or wards); 'substance misuse' (drug problems, alcohol problems, abuse of solvents, glue or gas); or participation in 'street culture activities' (begging, street drinking, 'survival' shoplifting or sex work)." Fitzpatrick, et al., 2011: 502 -503.

A learning log of effective resolutions and other systemic learning, along with a record of the panel outcomes, will be maintained. Panel representatives will be expected to share best practice or legal changes (especially within their specified field) with the rest of the panel. This will be collated and shared with the SAB.

It is also recognised that there may be times where the high-risk panel will receive referrals which relate to cases where mitigation of risk appears unlikely unless there is a change in circumstances. Rationales and decisions must be clearly recorded as to why it is felt agencies cannot effect change at this time. In such circumstances the Chair may also take steps to consult with legal representatives to ensure that all legal routes for intervention have been explored.

The panel has no specific budgetary or official decision-making powers.

## **6. Panel Membership**

Named representatives from the following agencies form the panel and will be the regular attendees:

- London Fire Brigade
- Adult Social Care, Hammersmith & Fulham Council
- Public Health
- West London NHS Trust
- Hammersmith & Fulham Housing (covering Housing Management & Homeless Service)
- NHS North West London Integrated Care Board
- Environmental Health
- Turning Point (Drug and Alcohol Wellbeing Service)
- LBHF Safer Neighbourhoods service

Dependent on the nature of the referral to the panel other partners may be consulted or asked to attend, such as:

- Metropolitan Police Service
- Central London Community Healthcare NHS Trust
- Voluntary sector organisations
- Acute trusts
- Legal representatives
- Agencies who can provide expertise on special characteristics, in order to help the panel understand the experience of the adult.

Panel members are to be of sufficient seniority to commit their agency to the actions agreed and ensure they are implemented following the meeting. If a panel member is unable to attend, they are expected to brief a colleague who can deputise for them; if this is not possible, they will alert the chair prior to the panel.

A professional from the referring agency is expected to attend to make a case presentation.

## 7. Partnership and interface with other multi-agency panels

The panel is a respectful, reflective, collaborative space in which all members seek to support the referrer via an outcome focused, problem solving approach to find ways of improving each individual case.

It is recognised that there may be overlaps with other multi-agency processes and panels, namely:

### **Cuckooing Panel**

The cuckooing panel considers identified or suspected cases of cuckooing<sup>11</sup> and will seek to create coordinated action plans to safeguard the victim.

### **Community Multi-Agency Risk Assessment Conference (CMARAC)**

The CMARAC considers complex cases of anti-social behaviour, where the victim or perpetrator is vulnerable or at risk to themselves or others, and the case would benefit from a multi-agency action plan. The CMARAC facilitates information sharing, risk management and action planning.

### **Street Population Action Partnership (SPAP)**

The SPAP seeks to identify and support rough sleepers and areas of street ‘activity’ in the borough and facilitates information sharing, risk management and action planning, with cases managed by the group.

Where the High-Risk Panel, or its chairs during screening, feel that it would be more appropriate for a referral to be heard in a different multi-agency arena to best support the needs of the individual, the referrer will be informed and signposted. During discussion of a case at the panel, the panel may decide it is appropriate to consult with other panels for advice. In turn, the High-Risk Panel will also accept redirected referrals from other multi-agency panels, as appropriate.

More information about the other multi-agency panels operating in Hammersmith & Fulham, including details on how to refer, can be found on the [LBHF website](#). If a referrer is unsure which panel is the most appropriate for the circumstances of their case, they are encouraged to make contact to discuss.

## 8. Reporting to Safeguarding Adults Board

The following will be reported to the SAB via its data dashboard:

- Total number of referrals
- Demographics of persons being presented to the panel
- Data on referral sources
- Data on key themes in referrals
- Summary of outcomes and effective resolutions

---

<sup>11</sup> This is a practice whereby a person or people take over the home of a vulnerable person and use the property for their own benefit (e.g., as a base for drug dealing)

## H&F SAB – High Risk Panel: Terms of Reference V3.5

This data will be reviewed by the SAB to better understand the effectiveness of the panel and determine any action required.



**Appendix 1**

**Hammersmith & Fulham High Risk Panel – Referral form**

<b>Personal details of the adult at risk</b>	
Name:	Click or tap here to enter text.
Address:	Click or tap here to enter text.
Date of Birth or approximate age:	Click or tap here to enter text.
Address:	Click or tap here to enter text.
<b>Has the person consented to referral?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
If no, is the referral being made in their best interests?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <i>If yes, please attach the relevant mental capacity assessment &amp; record of best interests decision to referral.</i>
Is there referral being made due to public or vital interest?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
If referral is being made in persons best interests, or due to public or vital interest, please give details:	Click or tap here to enter text.
<b>Details of the person making the referral:</b>	
Name:	Click or tap here to enter text.
Role:	Click or tap here to enter text.
Agency/service:	Click or tap here to enter text.
Email:	Click or tap here to enter text.
Telephone:	Click or tap here to enter text.
Manager's Email:	Click or tap here to enter text.
<b>Supporting documents</b> Please ensure that the following are attached to the referral:	
<ul style="list-style-type: none"> <li>- Latest assessment</li> <li>- Latest risk assessment/risk management plan</li> </ul>	
Date of latest assessment:	Click or tap to enter a date.

H&F SAB – High Risk Panel: Terms of Reference V3.5

Date of latest risk assessment/risk management plan:	Click or tap to enter a date.
Has this case been heard at any other multi-agency panel?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
If yes, please state which panel and what the outcome was.	Click or tap here to enter text.
<p><b>Reason for referral to high-risk panel:</b> please ensure that you clearly outline the type of risk and detail all interventions which have previously been considered.</p> <p>Click or tap here to enter text.</p>	
<p>The below to be completed following panel discussion:</p>	
<b>Date considered by the Hammersmith &amp; Fulham High Risk Panel:</b>	Click or tap to enter a date.
<p><b>Recommendations:</b> Click or tap here to enter text.</p>	
<p><b>Update comments:</b> Click or tap here to enter text.</p>	
<b>Case closed date:</b>	Click or tap to enter a date.

Appendix 2 – [Clutter Index](#)

**Clutter Image Rating Scale: Kitchen**

Please select the photo below that most accurately reflects the amount of clutter in your room.



1



2



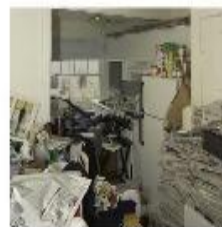
3



4



5



6



7



8



9

Please rate the photo above that most accurately reflects the amount of clutter

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

### Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9

Please rate the photo above that most accurately reflects the amount of clutter

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

### Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9

Please rate the photo above that most accurately reflects the amount of clutter

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

## Appendix 3- London Fire Brigade Home Fire Safety Visits Referral Process

Partners and agencies who work / engage with **very high risk** people should refer them immediately for a HFSV. **A new 24-hour phone number is available** for this purpose: call **0208 536 5955** 24/7 to book an immediate HFSV. This will ensure that risk can be responded to within 4 hours.

### What is deemed very high risk?

LFB would categorise an individual as being **very high risk** if they have **all of the following six characteristics**:

- smoker
- living alone
- over 60 years old
- in receipt of care (informal, formal or both)
- no working smoke alarms in their home
- user of mobility aids, or chair/bed bound

A very high risk individual can also be identified if they are at risk or are a victim of **arson**.

If partners and agencies work / engage with people who do not meet the very high risk criteria, yet it is felt a HFSV is needed, agencies are asked to call **0800 028 4428**, where they will be asked a series of triage questions to determine the risk. This will determine how quickly they receive a HFSV from a local crew:

- This will be 7 days for high risk
- 1 month for medium risk.
- Those who fall into a lower risk category will be directed to the online checker, which will provide fire safety advice tailored for their homes. [Home Fire Safety Checker | London Fire Brigade \(london-fire.gov.uk\)](https://www.london-fire.gov.uk/home-fire-safety-checker)

## Appendix 4

### High Risk Panel Process Summary:

